
Contact your local Office of Family and Children for additional information concerning Indiana's Medicaid Program.



**State of Indiana
Family and Social Services Administration**
402 W. WASHINGTON STREET, ROOM W392
INDIANAPOLIS, INDIANA 46204
www.IN.gov/fssa

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What is Medicaid?

Medicaid is a federal and state funded health care program that pays for a wide range of medical care services for persons who meet eligibility requirements.

Who is eligible for Medicaid?

You may be eligible for Medicaid benefits if you fit into one of the categories listed below.

1. Low-income families with dependent children. Recipients of Temporary Assistance for Needy Families (TANF) may be eligible in this category as well as families not receiving TANF
2. Individuals age 18, 19, and 20
3. Pregnant women
4. Children under age 19
5. Newborns (Infants up to 1 year old, if born to women receiving Medicaid)
6. Age 65 or older
7. Blind
8. Disabled
9. Refugees
10. Certain Medicare beneficiaries, for whom limited Medicaid benefits may be available
11. Women with breast or cervical cancer who were screened by the Breast and Cervical Cancer Program of the Indiana Department of Health.*

If you fit into one of the above categories, you must also meet other rules on state residency and immigration status. There are different income levels for each of the categories. All categories, except children and pregnant women have asset limits.

*Women screened and diagnosed by a medical provider who is not in the Health Department's Program do not qualify for this category.

Persons who qualify in the Aged, Blind, Disabled, and Refugee categories can be eligible even if their income is more than the limit. This is called the "spend-down" rule. If you have a spend-down, this means that you will have to pay for some of your medical expenses each month before Medicaid can start paying. For some people, this applies if their assets are more than the Medicaid limit.

Space does not allow a full explanation here, but the local Office of Family and Children will explain the spend-down requirement if it affects you. You also can find more information about spend-down in the pamphlet titled "*Medicaid under Indiana's Spend-down Provision.*" You can get copies from any Office of Family and Children.

Where do I apply for Medicaid?

The Office of Family and Children in the county where you live will take your application.

Can someone file for me if I cannot go to the local Office of Family and Children?

Yes. Your legal guardian can file for you. If you have given somebody written power of attorney to act for you, that person can file for you. Or, you can state in writing the name of the person you wish to file the application.

Must I have a fixed or permanent address to receive Medicaid?

No. If you don't have a permanent place to live, you can pick up your Medicaid card at the local Office of Family and Children. Another choice is to have it mailed to a church, shelter, social service agency or other location where you can pick it up.

Can Medicaid pay the bills for medical care I received before I applied for Medicaid?

Yes. Medicaid can pay for services as much as three months before you filed your Medicaid application, if you met eligibility requirements at the time you received the care.

If I’m enrolled in Medicaid, where can I go for care?

If you fit into one of the first five categories on page 1 of this pamphlet, you will get your benefits through the Hoosier Healthwise program. You will choose a Primary Medical Provider (PMP) in a specific health services network who will be in charge of your health and medical care. This PMP will provide health care services and decide if you need to go somewhere else for special care or services.

If you fit into categories 6 through 11 on page 1 of this pamphlet, you can choose any health care provider who is enrolled in the Medicaid program. Medicaid won’t pay the bills of providers who are not enrolled in the program.

Will I need a Medicaid identification card?

Yes. If you are approved for Medicaid benefits, you will receive your Hoosier Health Card in the mail. This is your identification card that you must show to medical providers.

How do my medical bills get paid?

Medical care providers bill Medicaid instead of billing you, unless you are required to make a copayment. The next section tells about copayments.

What are copayments?

These are fees you have to pay for some services. The amounts range from 50 cents to 3 dollars. You may sometimes be required to copay for transportation and prescriptions. Also, you will be charged a copayment if you go to a hospital emergency room for treatment of a non-emergency condition.

There is no copayment for the following:

- Emergency care
- Services for children under 18
- Services for pregnant women
- Services in a hospital or other medical facility, such as a nursing home

- Family planning services and supplies
- Pharmacy services from a health maintenance organization (HMO).

Health care providers must serve you even if you don’t have the money for a copayment when you go to them. You then will owe the copayment and the provider may bill you for it.

Does Medicaid pay for transportation?

Yes. Medicaid pays for transportation to Medicaid-covered services. There is a copayment and there are some limitations.

How long do Medicaid benefits continue?

Your Medicaid benefits continue as long as you meet eligibility requirements. The Office of Family and Children checks eligibility regularly. You must report:

- A change of address
- A change in who lives in your household
- Any changes in your family income and assets
- Other changes in your ability to pay your expenses.

What can I do if I believe Medicaid made an incorrect or unfair decision about my eligibility or services?

You have the right to appeal. You must make your appeal in writing and promptly. You must send your appeal to the local Office of Family and Children or the Family and Social Services Administration within 30 days after the effective date of the decision. You can get more information about appeals in the pamphlet titled *“Appeals and Hearing under Indiana’s Public Assistance Programs.”* You can get that pamphlet from your local Office of Family and Children. A few of the actions you can appeal are:

- Too much time has passed without a decision since you applied for Medicaid
- You were turned down for benefits
- You were turned down for a particular service
- You believe your civil rights were violated.

Can I still get Medicaid even if I take a job?

Yes, as long as your income is still within the program limit. However there is a special provision called *Transitional Medical Assistance (TMA)* for families in the Low-income Families category. Under TMA you can have up to an additional 12 months of medical coverage when you get a job or an increase in pay. You may still get Medicaid benefits for up to 12 months if your cash benefit under Temporary Assistance for Needy Families (TANF) stops because you got a job.

Does Medicaid pay for preventive health care services for children?

Yes. HealthWatch is Medicaid’s preventive health care program for children under age 21. Medicaid pays for a child’s regular checkups and tests for eyesight and hearing. Medicaid will also pay for other necessary tests and health care. The HealthWatch pamphlet available from your local Office of Family and Children will give you more information.

Will Medicaid pay for any and all medical care and services?

No. Medicaid pays for many kinds of services as listed in the next section. Some services must be approved for payment by Medicaid *before* the service is provided. Your health care providers are responsible for obtaining this prior approval.

What kind of Medical care and services will Medicaid pay for?

In Indiana, Medicaid can pay for the following general types of care and services:

- Physician services
- Inpatient hospital care
- Outpatient hospital and clinic services
- Other clinic, laboratory, and x-ray services
- Nursing facility services — Skilled, intermediate, and intermediate care for the mentally retarded
- Dental services
- Prescription drugs
- Medical supplies and equipment
- Eyeglasses and prosthetic devices
- Home health care services
- Physical, occupational, speech, and respiratory therapy
- Optometry services
- Chiropractic services
- Rural health clinic services
- Nurse midwife services
- Podiatry services
- Family planning services
- Hospice services
- Preventive care including screening, diagnosis, or necessary treatment for all medical recipients under age twenty-one (21)
- Inpatient psychiatric care for persons under age twenty-one (21) and persons age sixty-five (65) or over
- Transportation to Medicaid covered services
- Care coordination services for pregnant women, persons with HIV/AIDS, and persons who are seriously mentally ill/emotionally disturbed and
- Any other medical or remedial care recognized under Indiana law and specified by federal regulations.